Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>02/05/2010</u>	Address:	<u>1425 Cody St</u>
Case #:	<u>35-30139</u>		Evansville, In
County:	<u>Vanderburgh</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): Shed			·
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Shed			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Shed			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Shed			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip rest warrant
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Evansville	Fax: <u>E-Mail</u>	
Health Dep	artment: Vanderburgh County	Fax: <u>812-435-5468</u> Fax: <u>N/A</u>	
Child Prote	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Doug Humphrey</u> Phone <u>812-867-2079</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.